Mental Health Care Programme in the Country

2453. DR. H. P. SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased t_0 state:

(a) whether mental health is cov ered under National Health Program me;

(b) what are the detailed steps contemplated thereunder towards mental health care;

(c) whether any medicines are being used for mental health care;

(d) if so, the names of those medicines and how far they hav_e proved to be useful;

(e) whether Government propose t_0 take any special programmes towards this direction; and

(f) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (f) The outline of a National Mental Health Programme has recently been approved by the Government. The programme in its essence aims at promoting community mental health services at primary health care level through health education and training of peripheral level health workers. The intention is to have an integrated programme along with other health programmes. The programme also envisages strengthening of two premier instHjutions in this field, viz., National Institute of Mental Health & Neuro Sciences, Bangalore and Central Institute of Psychiatry, Ranchi.

There are several tested and reliable drugs like chlorpromazine, Ami-triphlyline, Phenoparbitone, Diaze-pham etc. which are used as anti-psychotic/anti-depriessant/antJ-epSIep-lic/anti-anxiety drugs. These drugs are usually available in the institution where mental illnesses are treated.

Blindness Control Programme in Madhya Pradesh

2454. SHRI SURENDRA SINGH THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is an increase in the rate of blindness in Madhya Pradesh during last three years;

(b) if so, what are the steps taken by Government to control the blindness in the State;

(c) whether ophthalmic care facilities ^{a}re being extended t_0 the inaccessible and rural areas in the State;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMAR! SAROJ KHAPARDE); (a) 'No, Sir.

(b) Does not arise.

(c) Yes, Sir.

(d) Facilities of eye care are being extended to inaccessible rural areas in the State through 305 Primary Health Centres, Central Mobile Units, 9 Districts Mobile Units.

Trained Paramedical Ophth. Assistants are being posted at identified PHCs and PHC Medical Officers are being given orientation training for community Ophthalmology. OutreacK areas are being covered through Central and District Mobile Unit and voluntary agencies by organising mobile eye camp to provide medical and surgical treatment, screening of the community, school children and eye health education.

(e)' Does not arise.

Family planning: targets achieved in the States

2455. SHRI AJIT P. K. JOGI- WU1. the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government have" I taken any fresh initiative and in-

troduced any new incentives t_0 popularise the small family norms especially in States like Uttar Pradesh, Madhya Pradesh, Bihar, Rajasthan and Haryana; and

(b) if so, the details thereof and the results achieved?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI , SAROJ KHAPARDE): (a) and (b) The new initiatives under the draft revised strategy include; enhancing community participation by setting up Popular Committees at States, District and Block levels, raising village level volunteer corps, providing assistance to grassroots level voluntary organisations through Standing Committee on voluntary Action; adopting improved communication approaches by launching special communication campaigns for identified target groups, and professionalising the production of communication materials; improving programme management and supervision by strengthening the existing staffing pattern for direction and administration, updating of eligible couple registers and restructuring of the Headquarters organisation in the Department; improving the quality of services by undertaking technical training programmes 'or medical and para-medical workers and providing recanalisation services by establishment of micro surgery recanalisation. centres; intensifying population education and enhancing child survival rates through the Universal Immunisation Programme. The impact of new initiatives will be visible in due course. No new incentives have, however, been introduced by the Central Government.

Lack of postmortem facility AHMS

2456. SHRI J. P. GOYAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government attention ha_s been drawn to a nawa item which appeared in the Hindustan Times dated 3rd March 1987 with the caption 'If only the dead could complain ____ ' wherein it has been reported that about half a dozen bodies that were taken to the AIIMS, New Delhi for a post mortem on 2nd March, 1987 had to be referred from one hospital to another but there were no acceptors;

(b) if so, what, are the details i» this regard;

the reasons for such an attitude; and

(d) whether any instructions are to be issued to the hospitals in this regard and if so, what are the details in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) *to* (d) Since the total number of post mor-tems conducted annually at All India I Institute of Medical Sciences has gone upto more than 1700 cases as compared to 165 in 1966, the Institute hag been finding it difficult *to* cope up with the work. The Institute has been requesting that the routine post mortem work of South Delhi Dist. (except cases arising at AIIMS) be transferred to other hospitals. It wag decided to create the requisite facilities at the Safdarjang hospital by 28. 2. 87 to take on the additional load of post mortem work. AH India Institute of Medical Sciences stopped taking the additional post mortem work w. e. f. 1. 3. 1987. However, since th_e Safdarjang hospital was not ready to take on the post mortem work, the All India Institute of Medical Sciences was directed to continue to attend to the post mortem work pending creation of necessary facilities at Safdarjang hospital. The. Safdarjang hospital is likely to undertake the extra load of post mortem work very shortly and thus